



**KENTUCKY BOARD OF  
EMERGENCY MEDICAL SERVICES**

COMMONWEALTH OF KENTUCKY  
2545 LAWRENCEBURG ROAD  
FRANKFORT, KENTUCKY 40601  
PHONE: 502-564-8963  
FAX: 502-564-4687



**Vehicle Deletion Form**

(Please Print or Type)

**Date Deletion Requested:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Service Name:** \_\_\_\_\_  
(As it appears on your Kentucky Ambulance Provider License)

**Number of Vehicles to be deleted:** \_\_\_\_\_

**Please give the Vin #, Make, Model, Year and Unit # of Vehicle(s) being deleted:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Requesting Vehicle Deletion:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please fill this form out in its entirety and return to:

**Kentucky Board of Emergency Medical Services**

**2545 Lawrenceburg Road**

**Frankfort, Kentucky 40601**

**Attn: Tina R. Spradlin**